



**State of Connecticut  
Office of Health Care Access  
Letter of Intent/Waiver Form  
Form 2030**

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CONNECTICUT OFFICE OF  
HEALTH CARE ACCESS

All Applicants must complete a Letter of Intent (LOI) form prior to submitting a Certificate of Need application, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please submit this form to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

**SECTION I. APPLICANT INFORMATION**

If there are more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below.

	Applicant One	Applicant Two
Full legal name	Hospital of Saint Raphael	
Doing Business As	Hospital of Saint Raphael	
Name of Parent Corporation	Saint Raphael Healthcare System, Inc.	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	1450 Chapel Street New Haven, CT 06511	
Applicant type (e.g., profit/non-profit)	Non-profit	
Contact person, including title or position	Jeffrey B. Hughes Director, Planning & Business Development	
Contact person's street mailing address	1450 Chapel Street New Haven, CT 06511	
Contact person's phone #, fax # and e-mail address	(203) 789-5961 Phone (203) 789-3653 Fax <a href="mailto:jhughes@srhs.org">jhughes@srhs.org</a>	

## SECTION II. GENERAL APPLICATION INFORMATION

a. Proposal/Project Title:

**North Haven Emergency Facility**

Type of Proposal, please check all that apply:

☒ Change in Facility (F), Service (S) or Function (Fnc) pursuant to Section 19a-638, C.G.S.:

☐ New (F, S, Fnc) ☐ Replacement ☐ Additional (F, S, Fnc)

☒ Expansion (F, S, Fnc) ☐ Relocation ☐ Service Termination

☐ Bed Addition ☐ Bed Reduction ☐ Change in Ownership/Control

☒ Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.:

☒ Project expenditure/cost greater than \$ 1,000,000

☐ Equipment Acquisition greater than \$ 400,000

☐ New ☐ Replacement ☐ Major Medical

☐ Imaging ☐ Linear Accelerator

☐ Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over \$1,000,000

b. Location of proposal (Town including street address):

**Washington Avenue (CT Route 5)  
North Haven, Connecticut 06473**

c. List all the municipalities this project is intended to serve:

**The purpose of this project is to significantly enhance access to emergency care services for residents of the Hospital's service area. Specifically, this project is expected to primarily serve the municipalities of North Haven, Hamden, North Branford, and areas of East Haven, New Haven and Wallingford.**

d. Estimated starting date for the project:

**The Hospital anticipates the start of service no later than October, 2008**

e. Type of project: 25 (Fill in the appropriate number(s) from page 7 of this form)

**Number of Beds (to be completed if changes are proposed)**

Type	Existing Staffed	Existing Licensed	Proposed Increase (Decrease)	Proposed Total Licensed

No change in the number of beds will occur as a result of this project.

**SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION**

- a. Estimated Total Capital Expenditure: \$ 4,274,017
- b. Please provide the following breakdown as appropriate:

Construction/Renovations	\$ 2,200,000
Medical Equipment (Purchase)	\$1,325,915
Imaging Equipment (Purchase)	
Non-Medical Equipment (Purchase)	\$748,102
Sales Tax	
Delivery & Installation	
<b>Total Capital Expenditure</b>	<b>\$ 4,274,017</b>
Fair Market Value of Leased Equipment	
<b>Total Capital Cost</b>	<b>\$ 4,274,017</b>

**Major Medical and/or Imaging equipment acquisition:**

Equipment Type	Name	Model	Number of Units	Cost per unit

Note: Provide a copy of the contract with the vendor for major medical/imaging equipment.

**A detailed listing of medical and non-medical equipment will be provided in the Certificate of Need Application.**

c. Type of financing or funding source (more than one can be checked):

- ☒ Applicant's Equity      ☐ Lease Financing      ☐ Conventional Loan
- ☐ Charitable Contributions      ☐ CHEFA Financing      ☐ Grant Funding
- ☐ Funded Depreciation      ☐ Other (specify): \_\_\_\_\_

**SECTION IV. PROJECT DESCRIPTION**

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

**Please see Attachment # 1 for a description of the project.**

1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.

**The Hospital of Saint Raphael is a 511 bed general acute care teaching hospital located in New Haven, Connecticut. Please see Attachment #3 for a copy of the current license for the Hospital of Saint Raphael issued by the Department of Public Health.**

2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?

**The proposed model for this service is a 24 hour-per-day, 7 days-per-week emergency room which will function as an integrated satellite of the Hospital's Emergency Department. It is anticipated that the facility will operate under the Hospital of Saint Raphael's License.**

3. Who is the current population served and who is the target population to be served?

**The Hospital of Saint Raphael generally serves the residents of South Central Connecticut, consisting of the 22 municipalities (approximately 700,000 persons) which include and surround New Haven. This proposed service is intended to supplement, enhance and expand access to emergency services for this same geography. Please see Attachment #2 for a listing of cities and towns which comprise the Hospital's Service Area.**

4. Identify any unmet need and how this project will fulfill that need.

**The purpose of this project is to significantly improve and enhance access to emergency services for the residents of the Hospital's 22-town service area.**

**The Hospital of Saint Raphael's Emergency Department annual volume currently exceeds 53,000 visits and has been operating at above its intended capacity for the past several years. The over-crowded conditions hamper the Hospital's ability to provide efficient and timely care. The result is manifest in long waiting times, patient walk-outs, increasing levels of dissatisfaction with the service by patients and families, and stressful working conditions for physicians, nurses and staff.**

**Similar conditions of over-crowding and long wait times are also being reported by other area Hospital Emergency Room facilities throughout the State as Emergency Department volumes continue to increase.**

**Vehicular traffic congestion and construction related delays on all major and limited access highways into and out of New Haven continue to increase. Traffic backups, once limited to portions of morning and evening "rush hours" now extend throughout the workday and throughout the weekend. As a consequence, travel time into and out of New Haven from all directions (East, North and West) is increasing, exacerbating access issues for patients attempting to get emergency care in New Haven.**

**This proposed satellite emergency room facility will significantly improve access to emergency services by providing service area residents an alternative to traveling into the city of New Haven.**

5. Are there any similar existing service providers in the proposed geographic area?

**Within the Hospital's service area, emergency services are currently provided by the Hospital of Saint Raphael, and Yale-New Haven Hospital in the city of New Haven, Milford Hospital in Milford, Mid-state Medical Center in the city of Meriden, and a limited-hour urgent care center in the town of Guilford operated by Yale-New Haven Hospital.**

6. What is the effect of this project on the health care delivery system in the State of Connecticut?

**This anticipated effect of this proposed project is to enhance access to emergency services for the residents of South Central Connecticut.**

7. Who will be responsible for providing the service?

**This proposed facility will operate as an integrated satellite of the Hospital of Saint Raphael's Emergency Department. The Physicians, Nurses and Staff of the Hospital of Saint Raphael will be providers of service at the North Haven facility.**

8. Who are the payers of this service?

**The payors of this service will primarily be Government (Medicare, Medicaid) and private/commercial medical insurance companies.**

**If requesting a Waiver of a Certificate of Need, please complete Section V.**

**SECTION V. WAIVER OF CON FOR REPLACEMENT EQUIPMENT**

I may be eligible for a waiver from the Certificate of Need process because of the following: (Please check all that apply)

- ☐ This request is for Replacement Equipment.
- ☐ The original equipment was authorized by the Commission/OHCA in Docket Number:  
☐ The cost of the equipment is not to exceed \$2,000,000.
- ☐ The cost of the replacement equipment does not exceed the original cost increased by 10% per year.

Please complete the attached affidavit for Section V only.

▪ **AFFIDAVIT**

Applicant: \_\_\_\_\_

Project Title: \_\_\_\_\_

I, \_\_\_\_\_,  
(Name) (Position – CEO or CFO)

of \_\_\_\_\_ being duly sworn, depose and state that the  
information provided in this CON Letter of Intent/Waiver Form (2030) is true and accurate to  
the best of my knowledge, and that \_\_\_\_\_ complies with the appropriate and  
(Facility Name)  
applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486  
and/or 4-181 of the Connecticut General Statutes.

\_\_\_\_\_  
Signature Date

Subscribed and sworn to before me on \_\_\_\_\_

\_\_\_\_\_  
Notary Public/Commissioner of Superior Court

My commission expires: \_\_\_\_\_

## **Project Type Listing**

Please indicate the number or numbers of types of projects that apply to your request on the line provided on the Letter of Intent Form (Section II, page 2).

### **Inpatient**

1. Cardiac Services
2. Hospice
3. Maternity
4. Med/ Surg.
5. Pediatrics
6. Rehabilitation Services
7. Transplantation Programs
8. Trauma Centers
9. Behavioral Health (Psychiatric and Substance Abuse Services)
10. Other Inpatient

### **Outpatient**

11. Ambulatory Surgery Center
12. Birthing Centers
13. Oncology Services
14. Outpatient Rehabilitation Services
15. Paramedics Services
16. Primary Care Clinics
17. Urgent Care Units
18. Behavioral Health (Psychiatric and Substance Abuse Services)
19. MRI
20. CT Scanner
21. PET Scanner
22. Other Imaging Services
23. Lithotripsy
24. Mobile Services
25. Other Outpatient
26. Central Services Facility

### **Non-Clinical**

27. Facility Development
28. Non-Medical Equipment
29. Land and Building Acquisitions
30. Organizational Structure (Mergers, Acquisitions, Affiliations, and Changes in Ownership)
31. Renovations
32. Other Non-Clinical



**List of Attachments**

- 1. Project Description**
- 2. Hospital of Saint Raphael Service Area**
- 3. Hospital License**

**Attachment 1**  
***Project Description***

**Attachment 1**

***Hospital of Saint Raphael  
North Haven Emergency Facility***

***Project Description***

The Hospital of Saint Raphael is proposing the establishment of a Satellite Emergency Room Facility, to be located on Washington Avenue, (CT Route 5) in North Haven, Connecticut.

The proposed model for this service is a 24-hour, 7-day per week emergency room, which would function as an integrated satellite facility of the Hospital's Emergency Department. The Satellite Emergency Room Facility (or "the Satellite Facility") would consist of 10 to 12 treatment rooms in approximately 8,000 +/- square feet of space which the Hospital intends to lease from a local developer.

The proposed Satellite Facility would be equipped to handle all typical emergent and urgent clinical case types with the exception of major trauma cases which would be diverted or transferred to the Hospital.

It is the intent of the Hospital for the Satellite Emergency Room Facility to be co-located with a full service imaging center (proposed joint venture of the Saint Raphael Healthcare System with New Haven Radiology Associates, and Naugatuck Valley Radiology Associates), and the establishment of a new dialysis center.

The primary considerations driving this proposed program are as follows:

- The Satellite Facility will provide enhanced access to emergency services in the northern part of the Hospital's Primary Service Area (i.e. for the residents of North Haven, Wallingford, Hamden, North Branford, and other area towns); and
- The Satellite Facility will ease some of the congestion, back-up and overcrowding of the existing Hospital Emergency Department.

A description of each of these benefits is provided below.

**1) Enhanced Access to Emergency Services**

The location of a Satellite Emergency Room Facility in North Haven will allow area residents to seek urgent and emergent care closer to home. As a result, the Hospital anticipates that a significant portion of the Hospital's emergency room volume from North Haven and surrounding communities will choose to go to the North Haven Satellite facility as an alternative to traveling into New Haven.

Vehicular traffic congestion and construction related delays on all major and limited access highways into and out of New Haven continues to increase. Traffic backups, once limited to portions of morning and evening "rush hours" now extend throughout

the workday and throughout the weekend. As a consequence, travel time into and out of New Haven from all directions (East, North and West) is increasing, exacerbating access issues for patients attempting to get emergency care in New Haven. This proposed satellite emergency room facility will significantly improve access to emergency services by providing service area residents an alternative to traveling into New Haven.

## **2) Easing of Congestion in Hospital's Emergency Department**

As with many other hospitals in the state, the Hospital of Saint Raphael's Emergency Department has been operating over capacity. Volume projections for emergency room utilization are expected to continue to increase. This current and projected level of over-crowding hampers the Hospital's ability to provide efficient and timely care. The result is manifest in long waiting times, patient walk-outs, increasing levels of dissatisfaction with the service by patients and families, and stressful working conditions for physicians, nurses and staff.

**Attachment 2**

***List of Service Area Towns***

**Attachment 2**

**Hospital of Saint Raphael  
Service Area Towns**

**Ansonia  
Bethany  
Branford  
Cheshire  
Clinton  
Derby  
East Haven  
Guilford  
Hamden  
Madison  
Meriden  
Milford  
New Haven  
North Branford  
North Haven  
Orange  
Oxford  
Seymour  
Shelton  
Wallingford  
West Haven  
Woodbridge**

**Attachment 3**

***Hospital of Saint Raphael  
Hospital License  
As Issued by  
Connecticut Department of Health***

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0056

General Hospital

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

Hospital of Saint Raphael of New Haven, CT, d/b/a Hospital of Saint Raphael is hereby licensed to maintain and operate a General Hospital.

Hospital of Saint Raphael is located at 1450 Chapel Street, New Haven, CT 06511

The maximum number of beds shall not exceed at any time:

22 Bassinets

511 General Hospital beds

This license expires **September 30, 2007** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, October 1, 2005. RENEWAL.

License revised to reflect:

\*Change of address on (1) satellite effective 9/10/05

Satellites

\*Adolescent Day Hospital, 646 George Street, New Haven, CT  
Psychiatric Day Hospital, 1294 Chapel Street, New Haven, CT  
Children's Psychiatric Day Hospital, 1348 Chapel Street, New Haven, CT  
Elder Care Clinic, Atwater Clinic, 26 Atwater Street, New Haven, CT  
Project Mother Care (Mobile), 9 River Street, New Haven, CT  
Dwight School Based Health Center, 130 Edgewood Avenue, New Haven, CT  
Dental Mobile Van "Miles 4 Smiles", 9 River Street, New Haven, CT  
Elder Care Clinic/Tower One, Tower Lane, New Haven, CT  
Elder Care Clinic/Casa Otonal, 140 Sylvan Avenue, New Haven, CT  
Elder Care Clinic/Edith Johnson Tower, 114 Bristol Street, New Haven, CT  
Elder Care Clinic/Crawford Manor, 90 Park Street, New Haven, CT  
Elder Care Clinic/Ribicoff Cottages, 200 Brookside Avenue, New Haven, CT  
Evening Chemical Dependency Program, 1294 Chapel Street, New Haven, CT  
Mcqueency Towers/Hospital of Saint Raphael Eldercare Clinic, 318/358 Orange Street, Apt.#416, New Haven, CT  
Elder Care Clinic/Surfside, 200 Oak Street, West Haven, CT  
Troup School Base Health Center, 130 B Leeder Hill, Hamden, CT



*J Robert Galvin M.D., M.P.H.*

J. Robert Galvin, M.D., M.P.H.,  
Commissioner